

0208 WAIVER SERVICE DEFINITIONS – 7/06**FAMILY SUPPORT COORDINATION**

Services whereby an employee of an organized health care delivery system or other qualified provider under contract with the department is responsible for locating, coordinating, supervising and monitoring Family Support services to individuals aged 0 through 21 with developmental disabilities. More specifically, Family Support Coordination includes:

1. Providing ongoing monitoring of the recipient's services, intervening when necessary to ensure that the individual's living situation continues to be healthy and safe, and that his or her needs continue to be met;
2. Conducting periodic assessments of risk in order to ensure that the Family Support arrangement is appropriate and safe given the individual's unique abilities and needs;
3. Assessing the individual to determine the resources and services needed to carry out the individual plan;
4. Developing, monitoring, and recording written plans of care in a way the individual, his caregiver, and others understand;
5. Meeting frequently with the individual, and others, regarding the adequacy of the plan of care, how well the plan is being implemented, and changes which may be necessary in the plan;
6. Teaching the individual and his care giver skills which will enable them to independently locate and establish contact with agencies who can assist them in securing the services they require, thereby allowing them to become less reliant on the service system, generally, and intensive support coordination, specifically;
7. Facilitating interaction between people working in resource systems;
8. Mobilizing and using "natural helping networks" such as family members, church members and friends;
9. Providing pre-service and in-service training to those people providing habilitation, personal care, or other services to the recipient. Training would include general orientation as well as training specific to the needs of the individual and how best to meet those needs;
10. Managing personal as well as cost plan dollars to ensure that personal and service needs are being met, and that funds are efficiently utilized and accurately reported;
11. Locating and arranging for suitable high quality housing, when necessary;
12. Providing for adequate supervision of the individual during the day, evening, and weekend;
13. Hiring and supervising qualified staff to provide Family Support services. Family Support Coordination is responsible, with input from the individual and his care giver, for hiring and supervising direct service providers;
14. Arranging for the purchase of services required by the plan of care. Where services are purchased for the individual, he or she is free to choose between available qualified providers.

Family Support Coordination is responsible for requiring documentation of the service provided and for approving payment to direct service providers.

Note- Recipients of adult services (ages 16 and up) are entitled to State Plan Targeted Case Management. Under no circumstances are case management services duplicated for individuals receiving Department-funded services.

HOMEMAKER SERVICES

Homemaker services consist of general household activities provided by a homemaker when the person regularly responsible for these activities is unable to manage the home and care for himself/herself or others in the home, or is engaged in providing habilitation and support services to the individual with disabilities.

Services in this program include meal preparation, cleaning, simple household repairs, laundry, shopping for food and supplies and routine household care.

Homemaker services are not available under the State Plan.

PERSONAL CARE SERVICES

Personal Care Services Include:

1. Assistance with personal hygiene, dressing, eating and ambulatory needs of the individual; and
2. Performance of household tasks incidental to the person's health care needs or otherwise necessary to contribute to maintaining the individual at home;
3. Supervision for health and safety reasons.

Payment will not be made for personal care services furnished by a member of the individual's family.

Frequency or intensity will be as indicated in the plan of care. Supervision of personal care providers will be furnished by a registered nurse, licensed to practice nursing in the State.

Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver.

HABILITATION

Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.

This service includes:

1. **Residential Habilitation**

Habilitation provided to an individual wherever he or she may live. Settings may include foster homes, group homes, congregate and non-congregate living apartments and natural homes.

All facilities covered by Section 1616(e) of the Act comply with State licensing standards that meet the requirements of 45 CFR Part 1397.

Board and room is not a covered service. Individuals served are responsible for paying for board and room through other funding sources such as Supplemental Security Income (SSI).

The individual plan of care, based upon the results of a formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed. The individual plan of care (Individual Plan or Family Service Plan) also specifies the appropriate residential setting in which services will be provided.

Training is provided in basic self-help skills, home and community living skills, leisure and social skills. Support is provided as necessary for the care of the individual. Each training objective is specified in the plan of care (IP), it is clearly related to the individual's long term goal and is not simply busywork or diversional in nature.

2. **Day Habilitation**

Habilitation provided in day programs includes support and functional training in use of community services, basic life skills, appropriate behaviors for the workplace and appropriate social behaviors.

Habilitation services do not include special education and related services (as defined in Section 4(a)(4) of the 1975 Amendments to the Education of the Handicapped Act (20 U.S.C. 1401(16), (17)) which otherwise are available to the individual through a State or local educational agency and vocational rehabilitation services which otherwise are available to the individual through a program funded under Section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730).

The individual plan of care (IP), based upon the results of a formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed.

Work/day programs offer individualized services based on the support needs of service recipients. Persons served in work/day settings may include persons with pre-vocational skill training needs, persons who function as elderly with skill maintenance and social/leisure activity needs and persons with very significant behavioral, self-help or medical challenges who require enriched staffing ratios to meet habilitation and support goals. In some cases, individuals with varying services needs may be served under one

roof, with staffing ratios and habilitation goals individualized to meet the needs of the recipients. Work/day programs offer one or more services conforming with the following criteria:

- * *Pre-vocational services* are oriented toward providing training to individuals who are not expected to join the general work force in the immediate future (i.e., within a year).

Pre-vocational services include support and training in self-help skills, motor and physical development, communication skills, functional academics, community life skills, work skills, and leisure skills. These training areas are not primarily directed at teaching specific job skills but at underlying habilitative goals.

If individuals are compensated for the work they do, the compensation is less than 50 percent of the minimum wage.

- * *Senior day services* provide health services, social services, training and supervision based on the needs of the individuals served. Senior day services entail services which provide supports and specific functional training based on an Individual Plan (IP).

These services are provided to older individuals whose plans of care (IP) direct training efforts and specify supports that will enable them to participate in a variety of age-appropriate activities supporting the goal of maintaining the individual's ability to function in the community and to avoid institutionalization.

- * *Intensive adult habilitation programs* are oriented toward serving individuals with more severe disabilities. These individuals display fewer self-help skills and/or more severe problem behaviors than the individuals found in typical work activity centers or sheltered workshops. They have been screened using an "intensive needs assessment" instrument and have been determined as inappropriate for placement in less restrictive adult settings.

Training and support is provided in a highly structured environment, by staff who are sophisticated in the skills of behavior management. Training focuses on the behaviors necessary to maintain the individual in the community-based service system and, if possible, move to a less restrictive setting.

3. **Supported Employment**

Supported employment is for persons with developmental disabilities who, because of their disabilities, need intensive ongoing support to perform in a work setting.

Supported employment provides the opportunity to: work for pay in regular employment; integrate with non-disabled persons who are not paid care givers; and receive long-term support services in order to retain the employment. The service is designed for individuals with developmental disabilities facing severe impediments to employment due to the nature and complexity of their disabilities.

Supported employment may include the following types of activities designed to assist eligible individuals to access and maintain employment:

- a. *Pre-placement activities*: Pre-placement activities consist of gathering information, conducting employee assessment and completing any steps necessary to implement the job placement process.
- b. *Job Market Analysis/Job Development*: Job market analysis and job development involve identifying and locating potential jobs.
- c. *Job Match/Screening*: Job match and screening involves establishing job requirements and selecting/matching potential employees to jobs.
- d. *Job Placement/Training*: Training is directed toward development of all the skills necessary to succeed in the particular paid job that the individual is hired to do. Training occurs within the actual job environment and addresses naturally occurring demands and contingencies. The trainer assists the employee in completing the job until all the tasks can be performed at the standard established by the employer.
- e. *Ongoing Assessment and Support and Service Coordination*: Ongoing assessment and support involves monitoring the status of the job environment and the employee, and providing interventions as needed to maintain job placement.
- f. *Transportation*: Transportation of a work crew and its equipment to and from the job site may be provided.

Supported employment will be funded under the waiver when not available under Section 110 of the Rehabilitation Act of 1973, as amended, (19 U.S.C. 730).

The State requests the authority to provide the following additional services, not specified in the statute. The State assures that each service is cost-effective and necessary to prevent institutionalization. The cost neutrality of each service is demonstrated in Appendix G. Qualifications of providers are found in Appendix B-2.

RESPITE CARE SERVICES

Respite care includes any services (e.g., traditional respite hours, recreation or leisure activities for the recipient and care giver; summer camp) designed to meet the safety and daily care needs of the recipient and the needs of the recipient's care giver in relation to reducing stress generated by the provision of constant care to the individual receiving waiver services. These services are selected in collaboration with the parents and are provided by persons chosen and trained by the family. Persons providing respite services will be in compliance with all state and federal respite standards. Respite services are delivered in conformity with an individualized plan of care.

The amount and frequency of respite care (with the exception of emergencies) is included in each individual's plan of care.

FFP (Federal Financial Participation) will not be claimed for the cost of room and board except

when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite care will be provided in the following location(s):

1. Individual's home or place of residence
 2. Foster home
 3. Medicaid certified Hospital
 4. Medicaid certified NF
 5. Group home
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PSYCHOLOGICAL SERVICES

Psychological services are those services provided by a licensed clinical psychologist or licensed professional counselor which are within the scope of the practices of their respective professions.

Psychological services may include individual and group therapy; consultation with providers and care givers directly involved with the individual; development and monitoring of behavior programs; participation in the individual planning process; and counseling for primary care givers (i.e., family members and foster parents) when their needs are related to problems dealing with the child with the disability. Psychological services under the managed care contract will be used before billing the waiver.

Psychological services under the State Plan are limited.

PHYSICAL THERAPY SERVICES

These services will be provided through direct contact between therapist and waiver recipient as well as between the therapist and other people providing services to the individual. Physical therapists may provide treatment training programs that are designed to:

1. Preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination and activities of daily living; and
2. Prevent, insofar as possible, irreducible or progressive disabilities through means such as the use of orthotic prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations and sensory stimulation.

Therapists will also provide consultation and training to staff or caregivers who work directly with waiver recipients.

Physical therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

OCCUPATIONAL THERAPY SERVICES

These services will be provided through direct contact between therapist and waiver recipient as well as between the therapist and other people providing services to the individual.

Occupational therapists may provide evaluation, consultation, training and treatment.

Occupational therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

SPEECH THERAPY SERVICES

These services will be provided through direct contact between therapist and waiver recipient as well as between the therapist and other people providing services to the individual.

Speech therapy services may include:

1. Screening and evaluation of individuals with respect to speech and hearing functions;
2. Comprehensive speech and language evaluations when indicated by screening results;
3. Participation in the continuing interdisciplinary evaluation of individuals for purposes of beginning, monitoring and following up on individualized habilitation programs; and
4. Treatment services as an extension of the evaluation process, which include:
Consultation with appropriate people involved with the individual for speech improvement and speech education activities to design specialized programs for developing each individual's communication skills in comprehension, including speech, reading, auditory training, and skills in expression.

Therapists will also provide training to staff and caregivers who work directly with waiver recipients.

Speech therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

TRANSPORTATION SERVICES

Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized.

ENVIRONMENTAL MODIFICATIONS/ADAPTIVE EQUIPMENT

Environmental Modifications:

Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual.

In addition to the above, environmental modifications services are measures that provide the recipient with accessibility and safety in the environment so as to maintain or improve the ability of the recipient to remain in community settings and employment. Environmental modifications may be made to a recipient's home or vehicle (wheelchair lift, wheelchair lock down devices, adapted driving controls, etc) for the purpose of increasing independent functioning and safety or to enable family members or other care givers to provide the care required by the recipient. An environmental modification provided to a recipient must:

- (a) relate specifically to and be primarily for the recipient's disability;
- (b) have utility primarily for a person who has a disability;
- (c) not be an item or modification that a family would normally be expected to provide for a non-disabled family member;
- (d) not be in the form of room and board or general maintenance;
- (e) meet the specifications, if applicable, for the modification set by the American National Standards Institute (ANSI).
- (f) be prior authorized jointly by the provider's board of directors and the department if the cost of the project may exceed \$4,000.

Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

Adaptive Equipment:

Adaptive equipment necessary to obtain and retain employment or to increase independent functioning in completing activities of daily living when such equipment is not available through other sources may be provided. Adaptive equipment as needed to enable family members or other care givers to provide the care needed by the individual.

A comprehensive list is not possible because sometimes items are created (invented) to meet the unique adaptive needs of the individual, for example, an adult-sized "changing table" to enable a care giver to diaper and dress a person who has severe physical limitations; or specially designed switches that an individual with physical limitations can use to accomplish other tasks. Adaptive equipment will conform to the following criteria:

- (a) relate specifically to and be primarily for the recipient's disability;

- (b) have utility primarily for a person who has a disability;
 - (c) not be an item or modification that a family would normally be expected to provide for a non-disabled family member;
 - (d) not be in the form of room and board or general maintenance;
 - (e) meet the specifications, if applicable, for the modification set by the American National Standards Institute (ANSI).
 - (f) be prior authorized jointly by the provider's Board of Directors and the Department if the cost of the project may exceed \$4,000.
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DIETITIAN SERVICES

These services provided by a registered dietitian or a licensed nutritionist include meal planning, consultation with and training for care givers, and education for the individual served. The service does not include the cost of meals. Dietitian Services are not available under Montana's State Plan.

This service must be cost effective and necessary to prevent institutionalization.

PRIVATE DUTY NURSING

Private Duty Nursing service is to provide medically necessary nursing services to individuals when these services exceed the established Medicaid limits or are different from the service provided under the State Plan. They will be provided where they are needed, whether in the home or in the individual's day activity setting.

Services may include medical management, direct treatment, consultation, and training for the individual and/or his caregivers.

Nursing services provided under the home health requirement of the State Plan are limited and are only available to individuals considered "home bound" and in need of acute nursing care. Nursing services other than direct treatment are not available through a home health agency. Waiver recipients, particularly those coming out of the state's ICF's/MR, may be quite medically involved. State Plan nursing services may only be provided in group homes or other places of residence, while some waiver beneficiaries need nursing services in day programs or otherwise outside the home. Nursing homes are no longer service options for the vast majority of people with developmental disabilities.

Nursing services must be specified in the plan of care. It must be ordered in writing by the individual's physician and it must be delivered by a registered nurse (RN) or a licensed practical nurse (LPN). Waiver nursing services will be used after the home health nursing limits have been reached, or if the service required is different from that authorized under the State Plan.

MEALS SERVICES

This service provides hot or other appropriate meals once or twice a day, up to seven days a week. A full nutritional regimen (three meals per day) will not be provided, in keeping with the exclusion of room and board as covered services.

Some individuals need special assistance with their diets and the special meals service can help ensure that these individuals would receive adequate nourishment. This service will only be provided to individuals who are not eligible for these services under any other source, or need different or more extensive services than are otherwise available.

This service must be cost effective and necessary to prevent institutionalization.

RESPIRATORY SERVICES

These services are provided by a licensed respiratory therapist and may include direct treatment to the individual, ongoing assessment of the person's medical conditions, equipment monitoring and upkeep, and pulmonary education and rehabilitation. Without these services, individuals with severe pulmonary conditions would have to be institutionalized.

This service must be cost effective and necessary to prevent institutionalization.

COMMUNITY TRANSITION SERVICES

Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institution to a DDP waiver-funded HCBS residential service. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include:

- a. Security deposits required to obtain a lease on an apartment or home.
- b. Essential household furnishings and moving expenses required to occupy and use a community domicile, including furniture, window coverings, food preparation items and bath/bed linens.
- c. Set up fees or deposits for utility or services access, including telephone, electricity, heating and water.
- d. Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy.
- e. Moving expenses.
- f. Necessary home accessibility adaptations.
- g. Activities to assess need, arrange for and procure services.

Community Transition Services are furnished only to the extent that they are reasonable and necessary through the service plan development process, clearly identified in the service plan

and the person is unable to meet such expenses or when the service cannot be obtained from other sources. Community transition services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended purely for diversional/recreational purposes, such as television, cable TV access or VCRs.

Services are capped at \$3,000 per transition.

ADULT COMPANION

Non-medical care, supervision and socialization, provided to a functionally impaired individual. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.

Companion services are not available to persons receiving 24/7 DDP waiver funded supports and supervision (e.g., persons residing in a DD group home or in assisted living).

ADULT FOSTER SUPPORT

This service pays for extraordinary supervision and support by a principal care giver licensed as an adult foster care provider who lives in the home. The total number of service recipients (including participants served in the waiver) living in the adult foster home, who are unrelated to the principal care provider, cannot exceed four persons (ARM 37.100.121).

Skill acquisition training is not included in the provision of the adult foster support service. Skill acquisition training, if needed, will be provided in the adult foster home in accordance with assessed needs and desires of the individual as outlined in the plan of care. This training will be delivered by staff meeting the qualified provider standards for residential training supports. Residential training supports delivered in the context of an adult foster home will be invoiced, reimbursed and reported as a separate and distinct service from the adult foster support service. Payments for adult foster support are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult foster support does not include payments made, directly or indirectly, to members of the participant's immediate family. The methodology by which the costs of room and board are excluded from payments for adult foster support is described in Appendix I.

Payment to an adult foster care provider is available to assist in placing and maintaining persons with extraordinary support needs in licensed adult foster care settings. Reimbursements are based on assessments completed by the Adult Targeted Case Manager. Payments are based on

the service recipient meeting a required threshold in the hours of direct support and supervision required of the foster care provider.

The net effect of this service option is to strengthen the foster home network available to serve adults with developmental disabilities who would otherwise require services in more intensive and costly service settings (e.g., an ICF-MR or an adult group home).

In a licensed adult foster home, DDP will reimburse for no more than two people with enhanced supervision/support needs, or one person who requires intensive supervision and supports.

Residential training supports delivered in the context of an adult foster home will be invoiced, reimbursed and reported as a separate and distinct service from the adult foster support service.

Separate payment is not made for homemaker or chore services furnished to a participant receiving adult foster care services, since these services are integral to and inherent in the provision of adult foster care services.

ASSISTED LIVING

Payments for services rendered in an assisted living facility, including personal care, homemaker services, medication oversight, social and recreation activities, 24 hour on site response staff to meet the unpredictable needs of recipients and supervision for safety and security. Separate payment will not be made for those services integral to and inherent in the provision of the personal care facility service.

Payments for assisted living facility services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep or improvements. Payment for personal care facility support does not include payments made, directly or indirectly, to members of the recipient's immediate family.

This service is targeted only for those individuals with developmental disability who function as elderly due to age and/or specific handicapping condition and/or physically handicapping conditions or impairment precluding placement in a less restrictive setting. Persons with DD will have similar handicapping conditions to other persons in this service, generally this means persons who would otherwise be unable to safely and cost-effectively remain at home. Persons in this service option are not precluded from attending DD waiver-funded work/day or supported employment options.

Separate payment is not made for homemaker or chore services or personal care services furnished to a participant receiving assisted living services, since these services are integral to and inherent in the provision of assisted living services. Residential training supports and

residential habilitation are not available to a person residing in an assisted living setting.

RESIDENTIAL TRAINING SUPPORTS

Residential Training Supports provides participants with specific, individually designed and coordinated training in a licensed adult foster home setting. The individual receives training to increase independence in health care, self care, safety and access to and use of community services. The individual plan of care, based upon the results of formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed.

Each training objective is specified in the plan of care (IP) and is clearly related to the individual's long term goal and is not simply busywork or diversional in nature.